

EXPEDITE THE PROCESSING OF YOUR LICENSE!

Listed are the most frequent errors, which prevent our processing of your new license application. To expedite the processing of your license, be sure to use this "Last Minute Checklist" before mailing your application package: **Department of Health – Health Professional Licensing Administration, 825 North Capitol Street NE, 2nd Floor, Washington, DC 20002. For additional questions, please call 1-877-687-8881 with any questions.**

LAST MINUTE CHECKLIST FOR APPLICATIONS

- ☐ Did you include your **Social Security Number**? If a Social Security Number is not available, a sworn affidavit stating that you do not have a Social Security Number must be submitted.
- ☐ If you are applying for a new license, did you enclose two recent passport-size photos with your application?
- ☐ Did you include an address?
- ☐ Does your **business address** contain the following?
Street Address, Floor/Suite, City, State, and Zip Code of the business?
- ☐ If you requested a name change, did you include **your new name on a notarized form or supply a copy of a valid court document**?
- ☐ Did you include the required license(s) copies?
- ☐ Did you answer **ALL** screening questions, **particularly Section 3, 6 and 7 if applicable, AND if you answered yes**, have you provided enough explanation on a separate sheet of paper and attached it to the application form?
- ☐ Have you provided an **original letter of verification/certification** in an unopened sealed envelope, or have you requested one to be **sent directly to DOH/HPLA board under separate cover**?
- ☐ Did you signed the Clean Hands Act Form and enclosed the white and yellow copy?
- ☐ Did you verify that your **check or money order** is payable for the correct fee?
- ☐ Did you **signed, date and notarized the application**?

REMEMBER!!!

BEFORE YOU SEND YOUR APPLICATION TO DOH/HPLA, MAKE A COPY OF YOUR ORIGINAL APPLICATION AND ALL SUPPORTING DOCUMENTS FOR YOUR PERSONAL RECORDS.